



Complete Summary

TITLE

EPSDT -- early and periodic screening, diagnostic and treatment (HealthCheck): percent of children who receive at least one EPSDT and/or well-child examination in the look-back period (MEDDIC-MS).

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2004 Apr. 42 p.

Measure Domain

PRIMARY MEASURE DOMAIN

Access

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Process

Brief Abstract

DESCRIPTION

This measure assesses the provision of childhood Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, which are mandated under federal law for children served in Medicaid and which are essential for provision of preventive services and early detection and appropriate treatment of chronic and potentially serious conditions.

This measure uses current and previous (if applicable) Health Maintenance Organization (HMO) claims/encounter data, fee-for-service (FFS) Medical Evaluation & Decision Support (MEDS) data, and Department of Public Health (DPH) data to determine the percent of children included in the denominator age cohorts who received at least one HealthCheck well-child examination in the look-back period.

RATIONALE

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services are required under federal law for individuals under age 21 years served in the Medicaid program. In Wisconsin, EPSDT services are referred to as HealthCheck. Delivery of HealthCheck services for children between birth and age two years are a priority in the Medicaid/BadgerCare program because they facilitate the delivery of vital early childhood preventive health services such as required immunizations and lead toxicity screens. In addition, the diagnostic aspects of the HealthCheck examinations facilitate early intervention in potentially serious conditions, thereby improving quality of life and preventing complications.

PRIMARY CLINICAL COMPONENT

Child health; access; well-child examinations

DENOMINATOR DESCRIPTION

Medicaid/BadgerCare enrollees in each age cohort (age 3 to 5 years, 6 to 14 years and 15 to 20 years) continuously enrolled with the same Health Maintenance Organization (HMO) for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

NUMERATOR DESCRIPTION

Children in the denominator for each age cohort who receive at least one Early and Periodic Screening, Diagnostic and Treatment (EPSDT) HealthCheck examination in the look-back period (see the related "Numerator Inclusions/Exclusions" field in the Complete Summary)

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A formal consensus procedure involving experts in relevant clinical, methodological, and organizational sciences
- A systematic review of the clinical literature

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Use of this measure to improve performance
Variation in quality for the performance measured

EVIDENCE SUPPORTING NEED FOR THE MEASURE

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p.

Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p.

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Decision-making by consumers about health plan/provider choice

External oversight/Medicaid

External oversight/State government program

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Managed Care Plans

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses

Physicians

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Single Health Care Delivery Organizations

TARGET POPULATION AGE

Age 3 to 20 years

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

Unspecified

ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

BURDEN OF ILLNESS

Unspecified

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness

Data Collection for the Measure

CASE FINDING

Both users and nonusers of care

DESCRIPTION OF CASE FINDING

Medicaid/BadgerCare enrollees in each age cohort (age 3 to 5 years, 6 to 14 years and 15 to 20 years) continuously enrolled with the same Health Maintenance Organization (HMO) for at least 304 days immediately prior to the measure end date* with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.**

*Measure end date: The last date by which measured services can be rendered to be included in the measure numerator.

Measure data extraction date: The date(s) determined by the department for extraction of data from the data warehouse for the purposes of reporting the measure. This will be at least 182 days after the measure end date. If Department of Public Health (DPH) data is to be included in the numerator, data extraction will occur subsequent to the completion of the quarterly update of DPH data for the most recent complete quarter that includes services provided up to the measure end date.

**Measure Look-back period: 24 months (730 days) from the measure end date. Services provided prior to enrollment in the HMO, and services provided by non-network provider(s) are counted in the numerator if reported in current or previous HMO encounter data, fee-for-service (FFS), or DPH data. (Look-back period is 730 days because a visit is not due every year beyond age 5 years.)

DENOMINATOR SAMPLING FRAME

Enrollees or beneficiaries

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

Medicaid/BadgerCare enrollees in each age cohort (age 3 to 5 years, 6 to 14 years and 15 to 20 years) continuously enrolled with the same Health Maintenance Organization (HMO) for at least 304 days immediately prior to the measure end date with no more than one gap in enrollment of not more than 45 days. The enrollee must have a total of not less than 259 enrolled days in the look-back period.

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Patient Characteristic

DENOMINATOR TIME WINDOW

Time window precedes index event

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

Children in the denominator for each age cohort who receive at least one Early and Periodic Screening, Diagnostic and Treatment (EPSDT) HealthCheck examination in the look-back period*

*Clinical Criteria: Current Procedure Terminology (CPT-4 and CPT 2001) codes: 99381-99385, 99391-99395, 99431, 99432, 99435. Or 99201-99205, 99211-99215 with: International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) code V20-20.2, and/or V70.0, and/or V70.3-.9.

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Fixed time period

DATA SOURCE

Administrative data

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

External comparison of time trends
Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

This measure was tested and validated by an independent third party and subject to internal review in 2002.

EVIDENCE FOR RELIABILITY/VALIDITY TESTING

Innovative Resources Group (IRG). Measure testing/validation reports for MEDDIC-MS. Brookfield (WI): Innovative Resources Group (IRG); 2002.

Identifying Information

ORIGINAL TITLE

EPSDT (HealthCheck) comprehensive well-child examinations -- comprehensive HealthCheck examinations services, children age 3 to 20 years.

MEASURE COLLECTION

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Rapid-cycle performance improvement measures system for Medicaid managed care.](#)

MEASURE SET NAME

[MEDDIC-MS \(Medicaid Encounter Data Driven Improvement Core Measure Set\). Measures applicable to AFDC/HS \(Medicaid\) and SCHIP \(BadgerCare\).](#)

MEASURE SUBSET NAME

[Targeted Performance Improvement Measures \(TPIM\)](#)

DEVELOPER

State of Wisconsin, Department of Health and Family Services

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2003 Oct

REVISION DATE

2004 Apr

MEASURE STATUS

Please note: This measure has been updated. The National Quality Measures Clearinghouse is working to update this summary.

SOURCE(S)

Department of Health and Family Services, Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS. Medicaid encounter data driven improvement core measure set. Madison (WI): State of Wisconsin; 2004 Apr. 42 p.

MEASURE AVAILABILITY

The individual measure, "EPSDT (HealthCheck) Comprehensive Well-child Examinations -- Comprehensive HealthCheck Examinations Services, Children Age 3 to 20 Years," is published in "Medicaid Encounter Data Driven Improvement Core Measure Set (MEDDIC-MS)."

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COMPANION DOCUMENTS

The following are available:

- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 2, 2002 HMO performance data. Medicaid program data and BadgerCare program data compared. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 25 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).
- Division of Health Care Financing, Bureau of Managed Health Care Programs. MEDDIC-MS data book. Medicaid encounter data driven improvement core measure set. Vol. 3, 2002 HMO-specific performance data. Wisconsin Medicaid and BadgerCare programs. Madison (WI): Wisconsin Department of Health and Family Services; 2004 Feb 1. 36 p. This document is available in PDF from the [Wisconsin Medicaid Managed Care Web site](#).

NQMC STATUS

This NQMC summary was completed by ECRI on February 1, 2005. The information was verified by the measure developer on February 7, 2005.

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